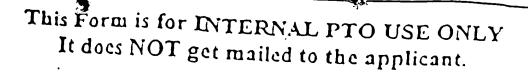
**Application or Docket Number** 

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

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CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE  OR			OR	OTHER THAN SMALL ENTITY		
FOR NUMBER F			R FILED	NUMBER E	XTRA	Г	RATE	FEE	1	RATE	FEE
BASIC FEE						345.00	OR	法論	690.00		
TOTAL CLAIMS , minus 20= *						X\$ 9=	<u>.</u>	OR	X\$18=		
IND	EPENDENT CL	AIMS	) minus (	3= * 4			X39=		OR	X78=	20
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL		OR	TOTAL	1000
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						;	SMALL E	ENTITY	OR	OTHER SMALL	
NT A-		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus .	**	=		X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***	=	· [	X39=_		OR	X78=	
F	FIRST PRESE	NTATION OF M	JLTIPLE DEP	ENDENT CLAIM			+130=		OR	+260=	
	ره می میشیمسونوسید از مهمهٔ ساز دهسیار					L	TOTAL	· · · · · · · · · · · · · · · · · · ·		TOTAL	, , , , , , , , , , , , , , , , , , ,
,		(Column 1)		(Column 2)	(Column 3)	A	DDIT. FEE		Jon	ADDIT. FEE	<i>n</i> ·
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total	¥.	Minus	**	=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	= .		X39=		OR	X78=	
10 5	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM		$\mid$	+130=		OR	+260=	
		**************************************	in the state of th	•	<del></del>	L	TOTAL			TOTAL	
		(Column 1)		(Column 2)	(Column 3)	AL	DDIT. FEE <b>l</b>			ADDIT. FEE	,
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N Q	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=		X39=		OR	X78=	
Ĥ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											



## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER	: 043908
	. 20700

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<b>,</b> "	Independent Claum; >)	202002	7		**********	28	:
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	English Translation	110			<del></del>		
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	TOTAL FEE CALCULA	TION					180
	Fees due upon filing th	e application					
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